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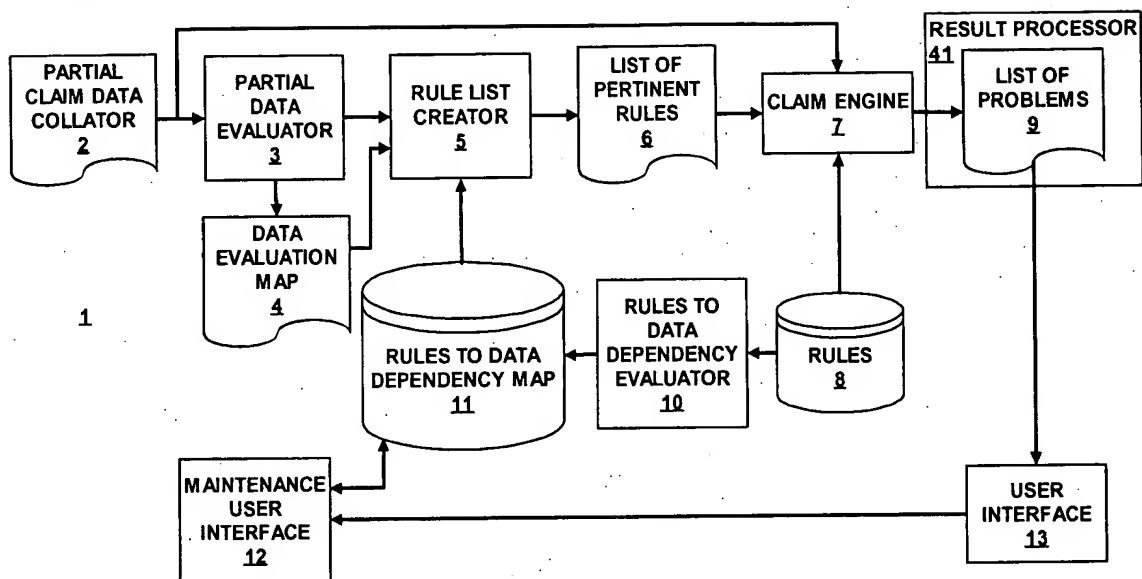


Fig. 1

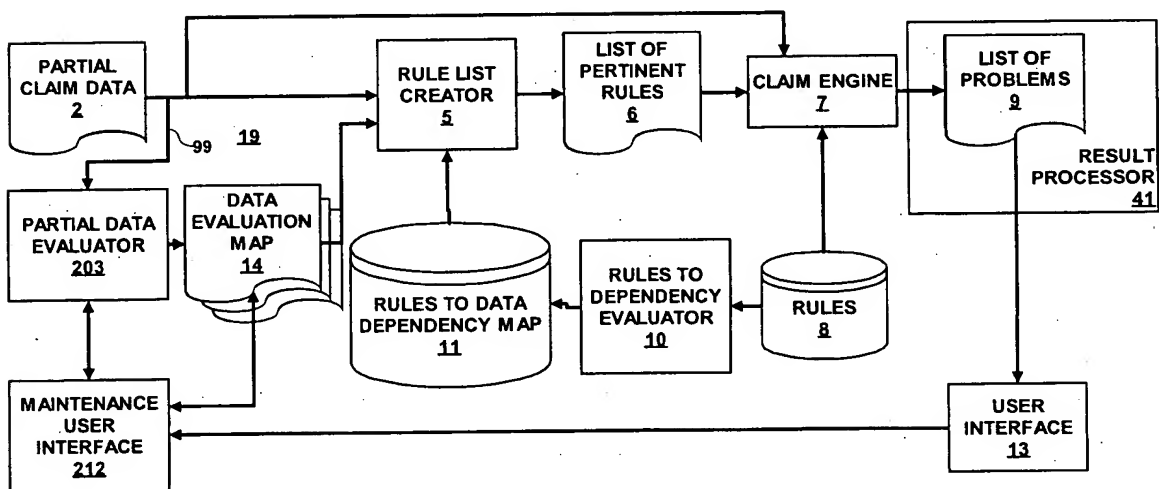


Fig. 2

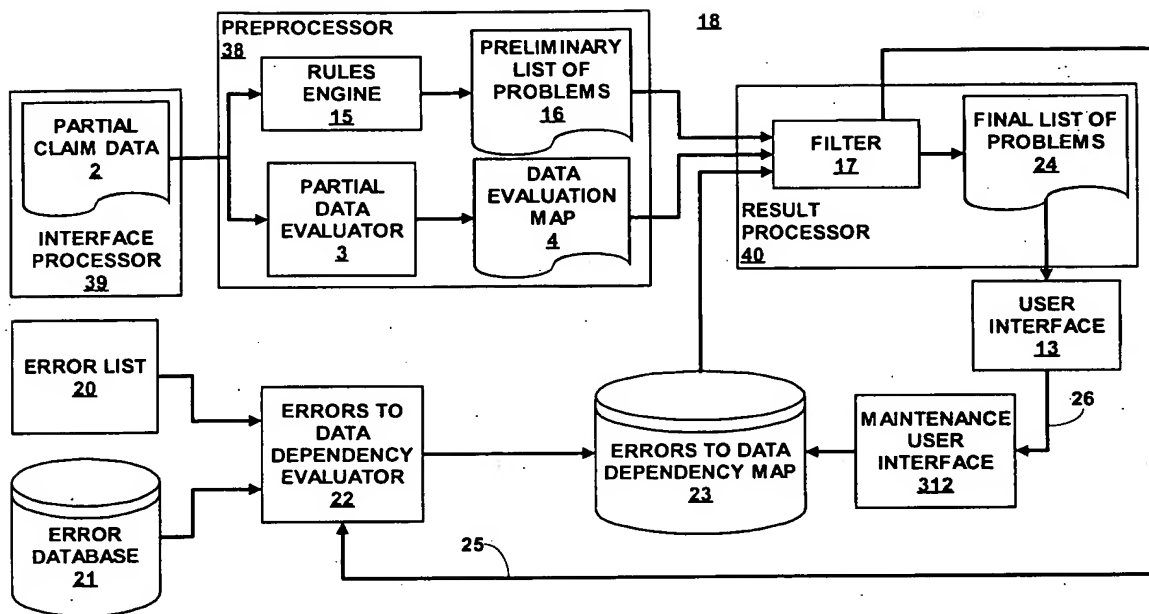


Fig. 3

<b>PATIENT</b> <b>Michael Jordan</b> <small>DOB 01/01/1955 (37Y) Male</small>		<small>R Reports Andlery</small> <small>Roll Reports Main Hosp</small> <small>Status:</small>	<small>Social Security #:</small> <small>Medical Record #:</small> <small>Enc Counter Data #:</small> <small>Encounter #:</small>
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**Patient Demographics**

Name	Address & Telephones	Personal Information	Care Providers	Clinical History	Advance Directives	Relationships
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**Names (1 on record)** View/Add names

<b>First Name:</b> <input type="text" value="Michael"/>	<b>Nickname:</b> <input type="text"/>
<b>Middle Name:</b> <input type="text"/>	<b>Prefix:</b> <input type="text"/>
<b>Last Name:</b> <input type="text" value="Jordan"/>	<b>Suffix:</b> <input type="text"/>
<input type="checkbox"/> <small>Maiden name</small>	<b>Degree:</b> <input type="text"/>
<b>Name type:</b> <input type="text" value="Legal"/>	

**Addresses (1 on record)** Address Changes

<b>Type:</b> <input type="text" value="Mailing"/> <small>Non-USA address</small>	<b>Patient doesn't have:</b> <input type="checkbox"/> <small>an address</small>
<b>Street:</b> <input type="text" value="111 Market St"/>	<div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px;"> <p><b>Incomplete Data:</b></p> <p>Patients Insurer requires Zip code to be entered.</p> <p style="text-align: center;"> <input type="button" value="OK"/> <input type="button" value="Disregard"/> </p> </div>
<b>Zip code:</b> <input type="text"/> <b>State:</b> <input type="text" value="Pennsylvania"/>	
<b>City:</b> <input type="text" value="Philadelphia"/>	
<b>County:</b> <input type="text"/>	
<b>Country:</b> <input type="text" value="USA"/>	

**Check-in**

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Fig. 4